

CO-PAY REQUIREMENTS

Covered Services	Co-Pay
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2
Outpatient Hospital Clinic Visit	\$ 1
Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> Co-payment ONLY applies to non-emergency services There is no co-payment for true emergency services 	\$ 3
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50
Pharmacy	\$ 1 generic \$ 3 brand
Chiropractic Visits	\$ 1
Dental Visits	\$ 3
Hearing Aids	\$ 3 per aid
Podiatric Visits	\$ 2
Vision Visits	\$2

Healthy Michigan Plan Co-Payment Exemptions

Groups Exempt from Co-Pay Requirements	Services Exempt from Co-Pay Requirements
<ul style="list-style-type: none"> Beneficiaries under age 21 Individuals residing in a nursing facility Individuals receiving hospice care Native American Indians and Alaskan Natives consistent with Federal regulations at 42 CFR 447.56(a)(1)(x) Beneficiaries dually eligible for Healthy Michigan Plan and Children's Special Health Care Services 	<ul style="list-style-type: none"> Emergency services Family planning services Pregnancy-related services Preventive services Federally Qualified Health Center, Rural Health Clinics, or Tribal Health Center services Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan / Community Mental Health Services Program Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry